

Case Number:	CM15-0138971		
Date Assigned:	07/28/2015	Date of Injury:	07/29/2010
Decision Date:	08/27/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/17/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58 year old female, who sustained an industrial injury on July 29, 2010, incurring back injuries. She was diagnosed with a cervical sprain, thoracic sprain, lumbar disc herniation, lumbar degenerative disc disease, lumbar radiculitis, right leg sprain, rotator cuff tears, left shoulder tendinitis, and carpal tunnel syndrome. Treatment included acupuncture, epidural steroid injection pain medications, topical compounded creams, and work restrictions. Currently, the injured worker complained of persistent bilateral shoulder pain and lower back pain, radiating into the right lower extremity. She was noted to have decreased range of motion in her shoulder, right leg and lower back. The treatment plan that was requested for authorization included acupuncture treatment program for the lumbar spine, a functional capacity evaluation and spine surgical consultation.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Acupuncture treatment program 2x3 for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: 1) Time to produce functional improvement: 3 to 6 treatments. 2) Frequency: 1 to 3 times per week. 3) Optimum duration: 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. In this case there is no documentation of intolerance to pain medication or of other physical rehabilitation interventions. As such, the use of acupuncture is not medically indicated or medically necessary.

Functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 30-32.

Decision rationale: CA MTUS considers functional restoration programs recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery when the patient is motivated to improve and return to work, and meets the patient selection criteria outlined next. These criteria include ALL of the following: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. Negative predictors of success include (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pretreatment levels of pain. Integrative summary reports that include treatment goals, progress assessment and stage of treatment, must be made available upon request and at least on a bi-weekly basis during the course of the treatment program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, the claimant is re-establishing treatment after a 2-year gap in treatment. Conservative care (physical therapy) has been planned but not yet completed. Therefore, the claimant had not failed conservative therapy. Additionally,

no substantive information about the presence or absence of negative predictors is documented. A functional restoration program is not presently medically indicated or medically necessary.

Spine surgical consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-307.

Decision rationale: ACOEM addresses the need for orthopedic specialty consultation. Reasons for such consultation include presence of any red flag findings, failure to respond as expected to a course of conservative management or consideration of surgical intervention. The medical records in this case contain no documentation of failure of conservative therapy, and, in fact, document a plan to pursue conservative therapy in the form of physical therapy. As such, spine surgery consult is not medically indicated or medically necessary.